

24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES (Schedule E)

 PAGE 1 OF 4
 FOR SE OF FORM 24/48

NAME OF COMMITTEE (In Full) Our Principles PAC		FEC IDENTIFICATION NUMBER ▼ C C00603621	
Check if <input checked="" type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report		<input checked="" type="checkbox"/> New report <input type="checkbox"/> Amends report filed on	

Full Name of Payee Campaign Solutions		Date of Public Distribution/Dissemination MM / DD / YYYY 01 / 29 / 2016	
Mailing Address 117 N. St. Asaph Street		Amount 3937.50	
City Alexandria	State VA	Zip Code 22314	Transaction ID : SE.4256
Purpose of Expenditure Voter contact-email		Category/Type	Date of Disbursement or Obligation MM / DD / YYYY
Name of Federal Candidate Donald J. Trump		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: _____ <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: IA
Calendar Year-To-Date Per Election for Office Sought		1802313.93	Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶

Full Name of Payee DDC Advocacy		Date of Public Distribution/Dissemination MM / DD / YYYY 01 / 29 / 2016	
Mailing Address 805 15th Street, N.W. Suite 300		Amount 34545.53	
City Washington	State DC	Zip Code 20005	Transaction ID : SE.4235
Purpose of Expenditure Direct mail services		Category/Type	Date of Disbursement or Obligation MM / DD / YYYY
Name of Federal Candidate Donald J. Trump		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: _____ <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: NH
Calendar Year-To-Date Per Election for Office Sought		390410.38	Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶

(a) SUBTOTAL of Itemized Independent Expenditures.....▶	38483.03
(b) SUBTOTAL of Unitemized Independent Expenditures▶	
(c) TOTAL Independent Expenditures.....▶	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Jamie Jodoin

[Electronically Filed]

Date

 MM / DD / YYYY
01 / 29 / 2016

Signature

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(Schedule E)PAGE 2 OF 4
FOR SE OF FORM 24/48

NAME OF COMMITTEE (In Full) Our Principles PAC		FEC IDENTIFICATION NUMBER ▼ C C00603621	
Check if <input checked="" type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report		<input checked="" type="checkbox"/> New report <input type="checkbox"/> Amends report filed on	

Full Name of Payee DDC Advocacy			Date of Public Distribution/Dissemination MM / DD / YYYY 01 / 29 / 2016		
Mailing Address 805 15th Street, N.W. Suite 300			Amount 36129.60		
City Washington	State DC	Zip Code 20005	Transaction ID : SE.4237		
Purpose of Expenditure Voter contact-telephone calls		Category/ Type	Date of Disbursement or Obligation MM / DD / YYYY		
Name of Federal Candidate Donald J. Trump		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: _____ <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: IA		
Calendar Year-To-Date Per Election for Office Sought		1796442.19	Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶		

Full Name of Payee DDC Advocacy			Date of Public Distribution/Dissemination MM / DD / YYYY 01 / 29 / 2016		
Mailing Address 805 15th Street, N.W. Suite 300			Amount 4816.44		
City Washington	State DC	Zip Code 20005	Transaction ID : SE.4245		
Purpose of Expenditure Voter contact-telephone calls		Category/ Type	Date of Disbursement or Obligation MM / DD / YYYY		
Name of Federal Candidate Donald J. Trump		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: _____ <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: IA		
Calendar Year-To-Date Per Election for Office Sought		1636747.59	Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶		

(a) SUBTOTAL of Itemized Independent Expenditures..... ▶	40946.04
(b) SUBTOTAL of Unitemized Independent Expenditures ▶	
(c) TOTAL Independent Expenditures..... ▶	

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Full Name of Payee DDC Advocacy		Date of Public Distribution/Dissemination MM / DD / YYYY 01 / 29 / 2016	
Mailing Address 805 15th Street, N.W. Suite 300		Amount 5121.93	
City Washington	State DC	Zip Code 20005	Transaction ID : SE.4246
Purpose of Expenditure Direct mail services	Category/ Type	Date of Disbursement or Obligation MM / DD / YYYY	
Name of Federal Candidate Donald J. Trump		Office Sought: <input type="checkbox"/> House District: _____ <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: NH	
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶	

Full Name of Payee Granite Lists, LLC		Date of Public Distribution/Dissemination MM / DD / YYYY 01 / 29 / 2016	
Mailing Address 1283 Main Street		Amount 500.00	
City Dublin	State NH	Zip Code 03444	Transaction ID : SE.4249
Purpose of Expenditure List rental	Category/ Type	Date of Disbursement or Obligation MM / DD / YYYY	
Name of Federal Candidate Donald J. Trump		Office Sought: <input type="checkbox"/> House District: _____ <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: IA	
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶	

(a) SUBTOTAL of Itemized Independent Expenditures..... ▶	5621.93
(b) SUBTOTAL of Unitemized Independent Expenditures ▶	
(c) TOTAL Independent Expenditures..... ▶	

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Jamie Jodoin

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Full Name of Payee Targeted Victory		Date of Public Distribution/Dissemination MM / DD / YYYY 01 / 29 / 2016	
Mailing Address 1033 N. Fairfax Street Suite 400		Amount 1434.24	
City Alexandria	State VA	Zip Code 22314	Transaction ID : SE.4252
Purpose of Expenditure List rental	Category/ Type	Date of Disbursement or Obligation MM / DD / YYYY	
Name of Federal Candidate Donald J. Trump		Office Sought: <input type="checkbox"/> House District: _____ <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: IA	
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶	

1798376.43

Full Name of Payee		Date of Public Distribution/Dissemination MM / DD / YYYY	
Mailing Address		Amount	
City	State	Zip Code	Date of Disbursement or Obligation MM / DD / YYYY
Purpose of Expenditure	Category/ Type		
Name of Federal Candidate		Office Sought: <input type="checkbox"/> House District: _____ <input type="checkbox"/> President <input type="checkbox"/> Senate State: _____	
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶	

(a) SUBTOTAL of Itemized Independent Expenditures..... ▶	1434.24
(b) SUBTOTAL of Unitemized Independent Expenditures ▶	
(c) TOTAL Independent Expenditures..... ▶	86485.24

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